

Fill in this information to identify your case:

| | | | |
|---------------------|-------------------|------------------|---------------|
| Debtor 1 | Jacqueline | Elizabeth | Ard |
| | First Name | Middle Name | Last Name |
| Debtor 2 | Terry | Frank | Nicola |
| (Spouse, if filing) | First Name | Middle Name | Last Name |

U.S. BANKRUPTCY COURT
DISTRICT OF SOUTH CAROLINA

United States Bankruptcy Court for the: District of **South Carolina**Case number (if **25-01384-JD**
known) Check if this is an
amended filingOfficial Form 106DSchedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

1. Do any creditors have claims secured by your property?

No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Secured Claims

2. List all secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

| Column A | Column B | Column C |
|--|--|--------------------------------|
| Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

| | | | | | | |
|-----|--|---|--------------------|--------------------|---------------|--------------------|
| 2.1 | Estate At Westbury Owners Assoc, Inc Creditor's Name Board of Directors 85 Kensington Blvd Number Street Bluffton, SC 29910-4884 City State ZIP Code | Describe the property that secures the claim: PIN R600 031 000 0266 1106 100 Kensington Blvd Unit 1106 Bluffton, SC 29910-7484 Estate at Westbury (violation of the automatic stay) | \$22,625.02 | \$91,950.00 | \$0.00 | |
| | | As of the date you file, the claim is: Check all that apply. | | | | |
| | | <input type="checkbox"/> Contingent | | | | |
| | | <input type="checkbox"/> Unliquidated | | | | |
| | | <input checked="" type="checkbox"/> Disputed | | | | |
| | | Nature of lien. Check all that apply. | | | | |
| | | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | | |
| | | <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | | |
| | | <input checked="" type="checkbox"/> Judgment lien from a lawsuit | | | | |
| | | <input type="checkbox"/> Other (including a right to offset) _____ | | | | |
| | | <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| | Date debt was incurred | Last 4 digits of account number | 1 | 4 | 0 | 7 |
| | Add the dollar value of your entries in Column A on this page. Write that number here: | | | | | \$22,625.02 |

Debtor 1

Jacqueline Elizabeth Ard

Debtor 2

Terry Frank Nicola

First Name Middle Name Last Name

| | | | |
|--|---|--|---|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| | | | |

2.2 Hilton Head Resort Describe the property that secures the claim: \$43,493.32 \$139,200.00 \$0.00

Creditor's Name Board of Directors PIN R510 012 000 025B 4408
663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537

Number Street 663 William Hilton Pkwy

City Hilton Head, SC State 29928 ZIP Code 3506

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred _____ Last 4 digits of account number 4 4 0 8

Remarks: Alleged HOA fees

| | |
|---|--------------------|
| Add the dollar value of your entries in Column A on this page. Write that number here: | <u>\$43,493.32</u> |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | <u> </u> |

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Part 1: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|---|---|--|--|-------------|
| 2.3 Nationstar Mortgage, LLC | Describe the property that secures the claim: PIN R510 012 000 025B 4408 663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537 | \$211,866.31 | \$139,200.00 | \$72,666.31 |
| Creditor's Name Attn: Bankruptcy Department | As of the date you file, the claim is: Check all that apply. | | | |
| PO Box 619096 | <input type="checkbox"/> Contingent | | | |
| Number Street Dallas, TX 75261-9741 | <input type="checkbox"/> Unliquidated | | | |
| City State ZIP Code | <input type="checkbox"/> Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| <input type="checkbox"/> Debtor 1 only | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | |
| <input type="checkbox"/> Debtor 2 only | <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Judgment lien from a lawsuit | | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Other (including a right to offset) | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| Date debt was incurred <u>01/27/2022</u> | Last 4 digits of account number <u>4 1 9 2</u> | | | |
| 2.3 Nationstar Mortgage, LLC (arrearage) | Describe the property that secures the claim: PIN R510 012 000 025B 4408 663 William Hilton Pkwy Unit 4408 Hilton Head Island, SC 29928-3537 | \$38,281.98 | \$139,200.00 | \$0.00 |
| Creditor's Name Attn: Bankruptcy Department | As of the date you file, the claim is: Check all that apply. | | | |
| PO Box 619096 | <input type="checkbox"/> Contingent | | | |
| Number Street Dallas, TX 75261-9741 | <input type="checkbox"/> Unliquidated | | | |
| City State ZIP Code | <input type="checkbox"/> Disputed | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | |
| <input type="checkbox"/> Debtor 1 only | <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) | | | |
| <input type="checkbox"/> Debtor 2 only | <input checked="" type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) | | | |
| <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only | <input type="checkbox"/> Judgment lien from a lawsuit | | | |
| <input type="checkbox"/> At least one of the debtors and another | <input type="checkbox"/> Other (including a right to offset) | | | |
| <input type="checkbox"/> Check if this claim relates to a community debt | | | | |
| Date debt was incurred <u>01/27/2022</u> | Last 4 digits of account number <u>4 1 9 2</u> | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | \$211,866.31 | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | |

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

First Name Middle Name Last Name

| | | | |
|--|--|---|---------------------------------|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
| | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion if any |

2.4 **Norman Jewelry and Loan** Describe the property that secures the claim: \$3,260.73 \$25,000.00 \$0.00

Creditor's Name
24777 Telegraph Suite B

Number Street
Southfield, MI 48034

City State ZIP Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 08/18/2024 Last 4 digits of account number 1 6 4 7

Remarks: Refuse to Turnover Property of the Estate

2.5 **Polly Nicola** Describe the property that secures the claim: unknown \$2,508.87 \$0.00

Creditor's Name
2583 Lower Assembly Drive

Number Street
Fort Mill, SC 29708

City State ZIP Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 Contingent
 Unliquidated
 Disputed

Date debt was incurred _____ Last 4 digits of account number _____

Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds

Add the dollar value of your entries in Column A on this page. Write that number here: \$3,260.73

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | Jacqueline | Elizabeth | Ard | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | Terry | Frank | Nicola | |

First Name Middle Name Last Name

| | | | |
|--|--|---|--|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any |
| | | | |

2.6 Polly Nicola Describe the property that secures the claim: unknown **\$2,356.94** **\$0.00**

Creditor's Name
2583 Lower Assembly Drive

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Mill, SC 29708

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Domestic: Non-Qualifying DSO

Date debt was incurred _____ Last 4 digits of account number _____

Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds

2.7 Polly Nicola Describe the property that secures the claim: unknown **\$1,242.06** **\$0.00**

Creditor's Name
2583 Lower Assembly Drive

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Fort Mill, SC 29708

City State ZIP Code

Who owes the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.

An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset)

Domestic: Non-Qualifying DSO

Date debt was incurred _____ Last 4 digits of account number _____

Remarks: Marital Settlement Agreement payment (Non-Alimony, Non-Spousal Support, Non-Separate Maintenance). Ex-spouse refuses to turnover collected funds

Add the dollar value of your entries in Column A on this page. Write that number here: **\$0.00**

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

First Name Middle Name Last Name

| | | | |
|--|--|---|------------------------------------|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
| | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

2.8 The Spa on Port Royal Sound Describe the property that secures the claim: \$47,933.53 \$132,450.00 \$0.00

Creditor's Name
Board of Directors
239 Beach City Rd
Number Street
Hilton Head, SC 29926-4707
City State ZIP Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 09/25/2023 Last 4 digits of account number 1 8 1 8

2.9 Title Max Corporation Describe the property that secures the claim: \$4,565.00 \$5,736.00 \$0.00

Creditor's Name
15 Bull St
Number Street
Savannah, GA 31401-2685
City State ZIP Code

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) Title Loan

Date debt was incurred 09/01/2024 Last 4 digits of account number _____

Add the dollar value of your entries in Column A on this page. Write that number here: \$52,498.53

If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Part 1: | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion If any | |
|--|--|--|--|--------------------|
| 2.10 <u>West-Aircomm FCU</u> | Describe the property that secures the claim: <u>2018 Jeep Grand Cherokee</u> Needs Transmission Work | <u>\$11,243.32</u> | <u>\$10,904.00</u> | <u>\$339.32</u> |
| <p>Creditor's Name <u>c/o Weltman, Weinberg & Reis</u> <u>Co LPA</u></p> <p><u>5990 West Creek Road Suite 200</u></p> <p>Number Street</p> <p><u>Independence, OH 44131</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>09/21/2018</u> Last 4 digits of account number <u>6 2 0 2</u></p> | | | | |
| 2.11 <u>Westlake Financial</u> | Describe the property that secures the claim: <u>2020 Ram Truck ProMaster</u> Needs Transmission Work Commercial Use | <u>\$35,584.44</u> | <u>\$7,475.00</u> | <u>\$28,109.44</u> |
| <p>Creditor's Name <u>2 Equity Way Ste 200</u></p> <p>Number Street</p> <p><u>Westlake, OH 44145-1045</u></p> <p>City State ZIP Code</p> <p>Who owes the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt</p> <p>Date debt was incurred <u>03/28/2023</u> Last 4 digits of account number <u>7 0 8 3</u></p> | | | | |
| <p>Add the dollar value of your entries in Column A on this page. Write that number here: <u>\$46,827.76</u></p> <p>If this is the last page of your form, add the dollar value totals from all pages. Write that number here: _____</p> | | | | |

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|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

Additional Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

| Part 1: | Column A | Column B | Column C | | |
|--|---|--|--------------------------------|---------------|----------|
| | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any | | |
| 2.12 <u>Zeidmans Jewelry</u> | Describe the property that secures the claim: | <u>\$990.00</u> | <u>\$3,500.00</u> | <u>\$0.00</u> | |
| Creditor's Name <u>Thomas LaBret and/or Current President</u> | Earrings Ladies Hoop diamonds | | | | |
| Number Street <u>24810 Evergreen Road</u> | As of the date you file, the claim is: Check all that apply. | | | | |
| City State ZIP Code <u>Southfield, MI 48075</u> | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | | |
| Date debt was incurred <u>07/29/2024</u> | Last 4 digits of account number | <u>6</u> | <u>2</u> | <u>1</u> | <u>2</u> |
| Remarks: Refused to turnover property of the Estate | | | | | |
| 2.13 <u>Zeidmans Jewelry</u> | Describe the property that secures the claim: | <u>\$172.50</u> | <u>\$700.00</u> | <u>\$0.00</u> | |
| Creditor's Name <u>Thomas LaBret and/or Current President</u> | Ring Men Wedding Ring | | | | |
| Number Street <u>24810 Evergreen Road</u> | As of the date you file, the claim is: Check all that apply. | | | | |
| City State ZIP Code <u>Southfield, MI 48075</u> | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | |
| Who owes the debt? Check one. | Nature of lien. Check all that apply. | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | | | |
| Date debt was incurred <u>08/08/2024</u> | Last 4 digits of account number | <u>8</u> | <u>3</u> | <u>0</u> | <u>8</u> |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | | <u>\$1,162.50</u> | | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | | | |

| | | | | |
|----------|-------------------|------------------|---------------|---|
| Debtor 1 | <u>Jacqueline</u> | <u>Elizabeth</u> | <u>Ard</u> | Case number (if known) <u>25-01384-JD</u> |
| Debtor 2 | <u>Terry</u> | <u>Frank</u> | <u>Nicola</u> | |

First Name Middle Name Last Name

| | | | |
|--|--|---|------------------------------------|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
| | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

2.14 Zeidmans Jewelry Describe the property that secures the claim: \$172.50 \$600.00 \$0.00

Creditor's Name
Thomas LaBret and/or Current President

Number Street
24810 Evergreen Road

City State ZIP Code
Southfield, MI 48075

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 08/09/2024 Last 4 digits of account number 8 7 0 0

Remarks: Refused to Turnover Property of the Estate

2.15 Zeidmans Jewelry Describe the property that secures the claim: \$308.75 \$1,200.00 \$0.00

Creditor's Name
Thomas LaBret and/or Current President

Number Street
24810 Evergreen Road

City State ZIP Code
Southfield, MI 48075

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

As of the date you file, the claim is: Check all that apply.
 Contingent
 Unliquidated
 Disputed

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 08/09/2024 Last 4 digits of account number 8 7 0 1

Remarks: Refused to Turnover Property of the Estate

| | |
|---|-----------------|
| Add the dollar value of your entries in Column A on this page. Write that number here: | <u>\$481.25</u> |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | _____ |

Debtor 1

Jacqueline Elizabeth Ard

Debtor 2

Terry Frank Nicola

First Name Middle Name Last Name

| | | | |
|--|--|---|---|
| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A Amount of claim Do not deduct the value of collateral. | Column B Value of collateral that supports this claim | Column C Unsecured portion of any |
| | | | |

2.16 Zeidmans Jewelry Describe the property that secures the claim: \$554.00 \$1,800.00 \$0.00

Creditor's Name
Thomas LaBret and/or Current President

Number Street
24810 Evergreen Road

City State ZIP Code
Southfield, MI 48075

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 08/10/2024 Last 4 digits of account number 8 7 7 5

Remarks: Refuse to Turnover Property of the Estate

| | | | |
|---|--|-------------------|---------------|
| 2.17 <u>Zeidmans Jewelry</u> | <u>Describe the property that secures the claim:</u> <u>\$336.00</u> | <u>\$1,500.00</u> | <u>\$0.00</u> |
| Creditor's Name Thomas LaBret and/or Current President | Bracelet Ladies | | |
| Number Street 24810 Evergreen Road | As of the date you file, the claim is: Check all that apply. | | |
| City State ZIP Code Southfield, MI 48075 | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Who owes the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt | Nature of lien. Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) _____ | | |
| Date debt was incurred <u>08/10/2024</u> Last 4 digits of account number <u>8 7 7 6</u> | | | |
| Add the dollar value of your entries in Column A on this page. Write that number here: | | <u>\$890.00</u> | |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

| Part 1: Additional Page After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | Column A | Column B | Column C |
|--|---|--|-----------------------------|
| | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |

2.18 Zeidmans Jewelry Describe the property that secures the claim: \$663.00 \$2,500.00 \$0.00

Creditor's Name
Thomas LaBret and/or Current President Gold Herring Bone Heirloom Necklace

Number Street
24810 Evergreen Road

City State ZIP Code
Southfield, MI 48075

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 08/30/2024 Last 4 digits of account number 2 4 5 0

Remarks: Refuse to Turnover Property of the Estate

2.19 Zeidmans Jewelry Describe the property that secures the claim: \$3,344.40 \$23,740.00 \$0.00

Creditor's Name
Thomas LaBret and/or Current President Ladies Custom made Wedding Ring

Number Street
24810 Evergreen Road

City State ZIP Code
Southfield, MI 48075

Who owes the debt? Check one.
 Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim relates to a community debt

Nature of lien. Check all that apply.
 An agreement you made (such as mortgage or secured car loan)
 Statutory lien (such as tax lien, mechanic's lien)
 Judgment lien from a lawsuit
 Other (including a right to offset) _____

Date debt was incurred 11/30/2024 Last 4 digits of account number 2 4 5 1

Remarks: Refuse to Turnover Property of the Estate

| | |
|---|---------------------|
| Add the dollar value of your entries in Column A on this page. Write that number here: | <u>\$4,007.40</u> |
| If this is the last page of your form, add the dollar value totals from all pages. Write that number here: | <u>\$387,112.82</u> |

Debtor 1

Jacqueline Elizabeth Ard

Debtor 2

Terry Frank Nicola

First Name Middle Name Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| | | |
|---|---|---|
| 1 | Bromley Law Firm LLC Name <u>Evan K. Bromley</u> Number Street <u>211 Goethe Rd Ste B</u> City State ZIP Code <u>Bluffton, SC 29910-6014</u> | On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> |
| 2 | Julie A. Franklin, Esq Name <u>Po Box 2976</u> Number Street <u>Bluffton, SC 29910-2976</u> City State ZIP Code | On which line in Part 1 did you enter the creditor? <u>2.1</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> |
| 3 | Jones, Simpson, and Newton PA Name <u>Attn: Wm Weston J Newton</u> Number Street <u>7 Plantation Park Drive Suite 3</u> City State ZIP Code <u>Bluffton, SC 29910</u> | On which line in Part 1 did you enter the creditor? <u>2.2</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> |
| 4 | Nationstar Mortgage, LLC Name <u>Attn: Bankruptcy Department</u> Number Street <u>PO Box 619096</u> City State ZIP Code <u>Dallas, TX 75261-9741</u> | On which line in Part 1 did you enter the creditor? <u>2.3</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> |
| 5 | Nationstar Mortgage, LLC Name <u>James Page Bell Carrington Price & Gregg, LLC</u> Number Street <u>339 Heyward St, Second Floor</u> City State ZIP Code <u>Columbia, SC 29201-4390</u> | On which line in Part 1 did you enter the creditor? <u>2.3</u> Last 4 digits of account number <u>4</u> <u>1</u> <u>9</u> <u>2</u> |
| 6 | Taybron Law Firm LLC Name <u>3399 Churchview Ave</u> Number Street <u>Pittsburgh, PA 15227-4358</u> City State ZIP Code | On which line in Part 1 did you enter the creditor? <u>2.5</u> Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u> |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

7. Morgan Lewis & Bockius LLP

Name

Attn: Matt HawesOne Oxford Centre, Thirty-Second FLR

Number Street

Pittsburgh, PA 15219-6401

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.5Last 4 digits of account number 8. Komatsu Benefit Dept

Name

Mark Harder401 E Greenfield Ave

Number Street

Milwaukee, WI 53204-2941

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.5Last 4 digits of account number 9. Taybron Law Firm LLC

Name

3399 Churchview Ave

Number Street

Pittsburgh, PA 15227-4358

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.6Last 4 digits of account number 10. Komatsu Benefit Dept

Name

Mark Harder401 E Greenfield Ave

Number Street

Milwaukee, WI 53204-2941

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.6Last 4 digits of account number 11. Morgan Lewis & Bockius LLP

Name

Attn: Matt HawesOne Oxford Centre, Thirty-Second FLR

Number Street

Pittsburgh, PA 15219-6401

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.6Last 4 digits of account number 12. Taybron Law Firm LLC

Name

3399 Churchview Ave

Number Street

Pittsburgh, PA 15227-4358

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.7Last 4 digits of account number

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

13. Komatsu Benefit Dept

Name

Mark Harder401 E Greenfield Ave

Number Street

Milwaukee, WI 53204-2941

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.7Last 4 digits of account number 14. Morgan Lewis & Bockius LLP

Name

Attn: Matt HawesOne Oxford Centre, Thirty-Second FLR

Number Street

Pittsburgh, PA 15219-6401

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.7Last 4 digits of account number 15. Law Office of Scott M. Wild LLC

Name

Scott M. Wild37 New Orleans Road Suite F

Number Street

Hilton Head Island, SC 29928

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.8Last 4 digits of account number 16. Mutterer Law Firm, LLC

Name

Jannine M. Mutterer, Esq5 Red Cedar Street Suite 102

Number Street

Bluffton, SC 29910

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.8Last 4 digits of account number 17. West-Aircomm FCU

Name

485 Buffalo St POB 568

Number Street

Beaver, PA 15009

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.10Last 4 digits of account number 18. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.12Last 4 digits of account number

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

19. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.13Last 4 digits of account number 20. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.14Last 4 digits of account number 21. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.15Last 4 digits of account number 22. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.16Last 4 digits of account number 23. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.17Last 4 digits of account number 24. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number Street

Mount Pleasant, SC 29465

City State ZIP Code

On which line in Part 1 did you enter the creditor? 2.18Last 4 digits of account number

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: List Others to Be Notified for a Debt That You Already Listed - Additional Page

25. Best Law, PA

Name

Tara E. NaufulP.O. Box 2374

Number

Street

Mount Pleasant, SC 29465

City

State

ZIP Code

On which line in Part 1 did you enter the creditor? 2.19Last 4 digits of account number - - -

Fill in this information to identify your case:

| | | | |
|---|-------------------|------------------|---------------|
| Debtor 1 | Jacqueline | Elizabeth | Ard |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Terry | Frank | Nicola |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of South Carolina | | | |
| Case number 25-01384-JD (if known) | | | |

Check if this is an amended filing

Official Form 106E/FSchedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Have Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

No. Go to Part 2.
 Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.

(For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

| | Total claim | Priority amount | Nonpriority amount |
|-----|-------------------|-----------------|--------------------|
| 2.1 | \$3,702.32 | unknown | \$3,702.32 |

| | | | | | | | | | |
|---|------------------------------|---------------------------------|-----------------------------|-------------|-------------------|-------------------|----------------|--------------------|-------------------|
| 2.1 | Beaufort Co Treasurer | Last 4 digits of account number | 3 2 1 8 | Total claim | \$3,702.32 | Priority amount | unknown | Nonpriority amount | \$3,702.32 |
| Priority Creditor's Name | | | When was the debt incurred? | | | 01/15/2025 | | | |
| Po Box Drawer 487 | | | | | | | | | |
| Number | Street | | | | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | | | | | |
| Who incurred the debt? Check one. | | | | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | | | | |
| Type of PRIORITY unsecured claim: | | | | | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated | | | | | | | | | |
| <input checked="" type="checkbox"/> Other. Specify Real Estate Taxes | | | | | | | | | |
| Is the claim subject to offset? | | | | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | | | | |
| Remarks: PIN: R510-005-000-008B-3218 | | | | | | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1:

Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | Total claim | Priority amount | Nonpriority amount |
|--|--|---|-------------------|-----------------|--------------------|
| <u>2.2</u> Beaufort Co Treasurer | Priority Creditor's Name <u>PO Box Drawer 487</u> | Last 4 digits of account number <u>1 1 0 6</u> | <u>\$2,021.07</u> | <u>unknown</u> | <u>\$2,021.07</u> |
| Number | Street | When was the debt incurred? <u>01/15/2025</u> | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <u>Real Estate Taxes</u> | | | | | |
| Type of PRIORITY unsecured claim: | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u> | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Remarks: PIN: R600-031-000-0266-1106 | | | | | |
| <u>2.3</u> Beaufort Co Treasurer | Priority Creditor's Name <u>P.O. Box Drawer 487</u> | Last 4 digits of account number <u>4 4 0 5</u> | <u>\$3,761.77</u> | <u>unknown</u> | <u>\$3,761.77</u> |
| Number | Street | When was the debt incurred? <u>01/15/2025</u> | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <u>Real Estate Taxes</u> | | | | | |
| Type of PRIORITY unsecured claim: | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u> | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| Remarks: PIN: R510-012-000-025B-4405 | | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|--|---------------------------------|----------------|-----------------|----------------|-----------------|
| <u>2.4</u> <u>City of Detroit Property Tax</u> | Last 4 digits of account number | <u>7 3 7 1</u> | <u>\$952.72</u> | <u>unknown</u> | <u>\$952.72</u> |
|--|---------------------------------|----------------|-----------------|----------------|-----------------|

Priority Creditor's Name

Property TaxPO Box 33193

Number Street

Detroit, MI 48232

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

| | | | | | |
|--|---------------------------------|----------------|-----------------|----------------|-----------------|
| <u>2.5</u> <u>City of Detroit Property Tax</u> | Last 4 digits of account number | <u>1 1 0 9</u> | <u>\$846.53</u> | <u>unknown</u> | <u>\$846.53</u> |
|--|---------------------------------|----------------|-----------------|----------------|-----------------|

Priority Creditor's Name

Property TaxPO Box 33193

Number Street

Detroit, MI 48232

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|---|---------------------------------|----------------|-------------------|----------------|-------------------|
| <u>2.6</u> City of Detroit Water and Sewerage Dept | Last 4 digits of account number | <u>0 3 0 1</u> | <u>\$1,383.51</u> | <u>unknown</u> | <u>\$1,383.51</u> |
|---|---------------------------------|----------------|-------------------|----------------|-------------------|

Priority Creditor's Name

When was the debt incurred?

735 Randolph St

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Detroit, MI 48226-2830

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

| | | | | | |
|---|---------------------------------|----------------|-------------------|----------------|-------------------|
| <u>2.7</u> City of Detroit Water and Sewerage Dept | Last 4 digits of account number | <u>3 3 0 1</u> | <u>\$1,782.38</u> | <u>unknown</u> | <u>\$1,782.38</u> |
|---|---------------------------------|----------------|-------------------|----------------|-------------------|

Priority Creditor's Name

When was the debt incurred?

735 Randolph St

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Detroit, MI 48226-2830

City State ZIP Code

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|---|---------------------------------|----------------|-----------------|-----------------|---------------|
| <u>2.8</u> Consumer Energy Company | Last 4 digits of account number | <u>8 5 2 5</u> | <u>\$347.83</u> | <u>\$347.83</u> | <u>\$0.00</u> |
|---|---------------------------------|----------------|-----------------|-----------------|---------------|

Priority Creditor's Name

Attn: Legal DeptOne Energy Plaza Dr

Number Street

Jackson, MI 49201-2357

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Remarks: Utility Services

| | | | | | |
|---|---------------------------------|----------------|-----------------|----------------|-----------------|
| <u>2.9</u> County of Allegheny Treasurer | Last 4 digits of account number | <u>P 1 4 6</u> | <u>\$116.36</u> | <u>unknown</u> | <u>\$116.36</u> |
|---|---------------------------------|----------------|-----------------|----------------|-----------------|

Priority Creditor's Name

Room 108 Courthouse436 Grant St

Number Street

Pittsburgh, PA 15219

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

| After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth. | | | Total claim | Priority amount | Nonpriority amount | |
|--|--------------------------------|---------------------------------|-------------------------------------|-------------------|--------------------|-------------------|
| 2.10 | East Pittsburgh Borough | Last 4 digits of account number | <u>P</u> <u>1</u> <u>4</u> <u>6</u> | <u>\$363.96</u> | <u>unknown</u> | <u>\$363.96</u> |
| Priority Creditor's Name | | | <u>When was the debt incurred?</u> | | | |
| <u>813 Linden Ave</u> | | | | | | |
| Number Street | | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | | |
| Type of PRIORITY unsecured claim: | | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u> | | | | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |
| Remarks: 513 Main | | | | | | |
| 2.11 | Jordan Tax Service | Last 4 digits of account number | <u>P</u> <u>1</u> <u>4</u> <u>6</u> | <u>\$1,179.46</u> | <u>unknown</u> | <u>\$1,179.46</u> |
| Priority Creditor's Name | | | <u>When was the debt incurred?</u> | | | |
| <u>102 Rahway Rd</u> | | | | | | |
| Number Street | | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | | | | | |
| Type of PRIORITY unsecured claim: | | | | | | |
| <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>Real Estate Taxes</u> | | | | | | |
| Who incurred the debt? Check one. | | | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another | | | | | | |
| <input type="checkbox"/> Check if this claim is for a community debt | | | | | | |
| Is the claim subject to offset? | | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|------------------------------|---------------------------------|----------------|-------------------|----------------|-------------------|
| <u>2.12 Lincoln Township</u> | Last 4 digits of account number | <u>7 0 0 1</u> | <u>\$1,638.11</u> | <u>unknown</u> | <u>\$1,638.11</u> |
|------------------------------|---------------------------------|----------------|-------------------|----------------|-------------------|

Priority Creditor's Name

P.O. Box 239

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

| | | | | | |
|------------------------------|---------------------------------|----------------|-------------------|----------------|-------------------|
| <u>2.13 Lincoln Township</u> | Last 4 digits of account number | <u>1 6 0 0</u> | <u>\$1,711.02</u> | <u>unknown</u> | <u>\$1,711.02</u> |
|------------------------------|---------------------------------|----------------|-------------------|----------------|-------------------|

Priority Creditor's Name

P.O. Box 239

Number Street

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

Remarks: 5154 Oak Run

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | |
|-------------------------------------|---------------------------------|-------------------------------------|----------------|----------------|----------------|
| <u>2.14</u> <u>Pittsburgh Water</u> | Last 4 digits of account number | <u>M</u> <u>A</u> <u>I</u> <u>N</u> | <u>unknown</u> | <u>unknown</u> | <u>unknown</u> |
|-------------------------------------|---------------------------------|-------------------------------------|----------------|----------------|----------------|

Priority Creditor's Name

Penn Liberty Plaza I1200 Penn Avenue

Number Street

Pittsburgh, PA 15222

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

| | | | | | |
|---|---------------------------------|-------------------------------------|---------------|----------------|---------------|
| <u>2.15</u> <u>SC Department of Revenue</u> | Last 4 digits of account number | <u>3</u> <u>7</u> <u>4</u> <u>8</u> | <u>\$0.00</u> | <u>unknown</u> | <u>\$0.00</u> |
|---|---------------------------------|-------------------------------------|---------------|----------------|---------------|

Priority Creditor's Name

Office of General Counsel300A Outlet Point Blvd

Number Street

Columbia, SC 29210

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 1: Your PRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim Priority amount Nonpriority amount

| | | | | | | |
|-------------|---------------------------|---------------------------------|-------------------------------------|-------------------|----------------|-------------------|
| 2.16 | Wayne Co Treasurer | Last 4 digits of account number | <u>7</u> <u>3</u> <u>7</u> <u>1</u> | \$1,238.00 | unknown | \$1,238.00 |
|-------------|---------------------------|---------------------------------|-------------------------------------|-------------------|----------------|-------------------|

Priority Creditor's Name

400 Monroe 5th floor

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

| | | | | | | |
|-------------|---------------------------|---------------------------------|-------------------------------------|-------------------|----------------|-------------------|
| 2.17 | Wayne Co Treasurer | Last 4 digits of account number | <u>1</u> <u>1</u> <u>0</u> <u>9</u> | \$1,006.69 | unknown | \$1,006.69 |
|-------------|---------------------------|---------------------------------|-------------------------------------|-------------------|----------------|-------------------|

Priority Creditor's Name

400 Monroe 5th Floor

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of PRIORITY unsecured claim:

Domestic support obligations
 Taxes and certain other debts you owe the government
 Claims for death or personal injury while you were intoxicated
 Other. Specify Real Estate Taxes

Is the claim subject to offset?

No
 Yes

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD
Debtor 2 Terry Frank Nicola
First Name Middle Name Last Name

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

No. You have nothing to report in this part. Submit this form to the court with your other schedules.

Yes

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

| 4.1 ADT LLC | | | Last 4 digits of account number | 9 0 9 4 | Total claim <u>\$1,599.69</u> |
|---|--------|----------|---------------------------------|-------------------|-----------------------------------|
| Nonpriority Creditor's Name PO Box 371878 | | | When was the debt incurred? | <u>10/01/2024</u> | |
| Number | Street | | | | |
| Pittsburgh, PA 15250-7878 | | | | | |
| City | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| 4.2 Advantage Aviator | | | Last 4 digits of account number | 7 5 4 0 | Total claim <u>\$20,400.68</u> |
| Nonpriority Creditor's Name Attn Bankruptcy Department | | | When was the debt incurred? | <u></u> | |
| 140 Cooperrate Blvd | | | | | |
| Number | Street | | | | |
| Norfolk, VA 23502 | | | | | |
| City | State | ZIP Code | | | |
| Who incurred the debt? Check one. | | | | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | | |
| Is the claim subject to offset? | | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | | |
| As of the date you file, the claim is: Check all that apply. | | | | | |
| <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | | | | |
| Type of NONPRIORITY unsecured claim: | | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer debt</u> | | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|---------------------------------------|---|----------------|-------------|
| 4.3 | American Express National Bank | Last 4 digits of account number | <u>4 0 0 2</u> | \$42,254.50 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| Becket and Lee LLP | | <u>07/1/2023</u> | | |
| P.O. Box 3001 | | As of the date you file, the claim is: Check all that apply. | | |
| Number Street | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Malvern, PA 19355 | | | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.4 | American Express National Bank | Last 4 digits of account number | <u>2 0 0 6</u> | \$1,172.92 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| Becket and Lee LLP | | <u>06/01/2024</u> | | |
| P.O. Box 3001 | | As of the date you file, the claim is: Check all that apply. | | |
| Number Street | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| Malvern, PA 19355 | | | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.5 Armstrong CableLast 4 digits of account number 1 1 0 3\$306.17

Nonpriority Creditor's Name

PO Box 37749

Number Street

When was the debt incurred?

Philadelphia, PA 19101-5049

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

4.6 Associated Credit ServicesLast 4 digits of account number 8 8 3 3\$199.99

Nonpriority Creditor's Name

PO Box 1201

Number Street

When was the debt incurred?

Tewksbury, MA 01876-0901

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.7 AT&T

Last 4 digits of account number

8 8 2 7\$606.86

Nonpriority Creditor's Name

PO Box 5014

Number Street

When was the debt incurred?

09/15/2024Carol Stream, IL 60197-5014

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

4.8 AT&T

Last 4 digits of account number

4 2 2 7\$434.13

Nonpriority Creditor's Name

PO Box 5014

Number Street

When was the debt incurred?

Carol Stream, IL 60197-5014

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.9 AWA Collections

Nonpriority Creditor's Name

Santa Rosa Emergency

Last 4 digits of account number

unknown

When was the debt incurred?

PO Box 6605

Number Street

Orange, CA 92863

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Medical Bill

Is the claim subject to offset?

No
 Yes

4.10 Barkley's Bank Navyist Reward

Last 4 digits of account number

2 1 6 4\$12,856.00

Nonpriority Creditor's Name

Attn Card Services Legal

When was the debt incurred?

PO Box 8833

Number Street

Wilmington, DE 19899-8902

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|------|--|---|----------|
| 4.11 | <u>Beaumont Medical Transport Services</u> Nonpriority Creditor's Name <u>950 West Maple St Ste. C</u> Number Street | Last 4 digits of account number <u>3 2 7 2</u> | \$397.50 |
| | | When was the debt incurred? | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | | Type of NONPRIORITY unsecured claim: | |
| | | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u> | |
| | Who incurred the debt? Check one. | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.12 | <u>Capital One Auto Finance</u> Nonpriority Creditor's Name <u>AIS Portfolio Services, LLC</u> <u>4515 N Santa Fe Ave. Dept. APS</u> Number Street <u>Oklahoma City, OK 73118</u> City State ZIP Code | Last 4 digits of account number <u>7 7 4 3</u> | \$0.00 |
| | | When was the debt incurred? | |
| | | As of the date you file, the claim is: Check all that apply. | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Consumer Debt</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD
Debtor 2 Terry Frank Nicola
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

| | | | | | | Total claim | | | | |
|------|--|--|-----------------------------|--|------------|-------------|---|---|------------|--|
| 4.13 | CitiBank Best Buy | | Nonpriority Creditor's Name | Last 4 digits of account number | 6 | 6 | 9 | 2 | \$2,942.86 | |
| | P.O. Box 790034 | | Number Street | When was the debt incurred? | 09/12/2024 | | | | | |
| | Saint Louis, MO 63179-0034 | | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | | | | |
| | | | | <input type="checkbox"/> Contingent | | | | | | |
| | | | | <input type="checkbox"/> Unliquidated | | | | | | |
| | | | | <input type="checkbox"/> Disputed | | | | | | |
| | | | | Type of NONPRIORITY unsecured claim: | | | | | | |
| | | | | <input type="checkbox"/> Student loans | | | | | | |
| | | | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | | | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | | | | <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | | | |
| | | | | Who incurred the debt? Check one. | | | | | | |
| | <input checked="" type="checkbox"/> Debtor 1 only | | | | | | | | | |
| | <input type="checkbox"/> Debtor 2 only | | | | | | | | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | | | | | | | |
| | <input type="checkbox"/> At least one of the debtors and another | | | | | | | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | | | | | | | | | |
| | | | | Is the claim subject to offset? | | | | | | |
| | <input checked="" type="checkbox"/> No | | | | | | | | | |
| | <input type="checkbox"/> Yes | | | | | | | | | |
| 4.14 | Comenity Caesars Rewards | | Nonpriority Creditor's Name | Last 4 digits of account number | 0 | 3 | 0 | 5 | \$5,181.32 | |
| | PO Box 650960 | | Number Street | When was the debt incurred? | | | | | | |
| | Dallas, TX 75265 | | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | | | | | |
| | | | | <input type="checkbox"/> Contingent | | | | | | |
| | | | | <input type="checkbox"/> Unliquidated | | | | | | |
| | | | | <input type="checkbox"/> Disputed | | | | | | |
| | | | | Type of NONPRIORITY unsecured claim: | | | | | | |
| | | | | <input type="checkbox"/> Student loans | | | | | | |
| | | | | <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | | | | <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | | | | <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | | | |
| | | | | Who incurred the debt? Check one. | | | | | | |
| | <input type="checkbox"/> Debtor 1 only | | | | | | | | | |
| | <input checked="" type="checkbox"/> Debtor 2 only | | | | | | | | | |
| | <input type="checkbox"/> Debtor 1 and Debtor 2 only | | | | | | | | | |
| | <input type="checkbox"/> At least one of the debtors and another | | | | | | | | | |
| | <input type="checkbox"/> Check if this claim is for a community debt | | | | | | | | | |
| | | | | Is the claim subject to offset? | | | | | | |
| | <input checked="" type="checkbox"/> No | | | | | | | | | |
| | <input type="checkbox"/> Yes | | | | | | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | |
|---|---|--|
| 4.15 <u>Coyne Oil</u> Nonpriority Creditor's Name <u>Attn: Rose</u> <u>513 W 5th St</u> Number Street <u>Clare, MI 48617-9405</u> City State ZIP Code | Last 4 digits of account number <u>3 1 2 9</u> <u>When was the debt incurred?</u> <u>As of the date you file, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | \$64.00 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.16 <u>DTE Energy</u> Nonpriority Creditor's Name <u>Attention Legal Department</u> <u>PO Box 740786</u> Number Street <u>Cincinnati, OH 45274-0786</u> City State ZIP Code | | |
| Last 4 digits of account number <u>8 9 1 4</u> <u>When was the debt incurred?</u> <u>As of the date you file, the claim is:</u> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | \$1,271.71 |
| Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u> |
| Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| Remarks: Utility Services 15826 Appoline | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|------|---|---|-------------------|------------|
| 4.17 | DTE Energy Nonpriority Creditor's Name <u>Attention Legal Department</u> | Last 4 digits of account number | <u>8 9 2 2</u> | \$1,730.37 |
| | PO Box 740786 Number Street Cincinnati, OH 45274-0786 | When was the debt incurred? | | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Utilities</u> | | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.18 | First Energy - Penn Power Nonpriority Creditor's Name <u>PO Box 16001</u> | Last 4 digits of account number | <u>7 2 8 4</u> | \$2,780.70 |
| | Number Street | When was the debt incurred? | <u>07/25/2024</u> | |
| | reading, PA City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.19 Fortiva Bobs Discount

Nonpriority Creditor's Name

TBOM - ATLSA

Last 4 digits of account number

3 5 6 2\$2,182.29

When was the debt incurred?

6 Concourse Parkway Second Floor

Number Street

Atlanta, GA 30328

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

4.20 Go-Store It

Nonpriority Creditor's Name

33 Parmenter Rd.

Number Street

Last 4 digits of account number

1 0 5 4\$608.20

When was the debt incurred?

09/30/2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

Remarks: D0013-15x15x8

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|-------------|--------------------|---------------------------------|----------------|----------------|
| <u>4.21</u> | <u>Go-Store It</u> | Last 4 digits of account number | <u>8 8 0 4</u> | <u>\$96.00</u> |
|-------------|--------------------|---------------------------------|----------------|----------------|

Nonpriority Creditor's Name

33 Parmenter Rd.

Number Street

When was the debt incurred?

11/01/2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

Remarks: A0002

| | | | | |
|-------------|--------------------|---------------------------------|----------------|-----------------|
| <u>4.22</u> | <u>Go-Store It</u> | Last 4 digits of account number | <u>1 0 9 6</u> | <u>\$507.60</u> |
|-------------|--------------------|---------------------------------|----------------|-----------------|

Nonpriority Creditor's Name

33 Parmenter Rd.

Number Street

When was the debt incurred?

10/01/2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

Remarks: C0029

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|-------------|--------------------|---------------------------------|----------------|-----------------|
| <u>4.23</u> | <u>Go-Store It</u> | Last 4 digits of account number | <u>1 0 6 8</u> | <u>\$343.20</u> |
|-------------|--------------------|---------------------------------|----------------|-----------------|

Nonpriority Creditor's Name

33 Parmenter Rd.

Number Street

When was the debt incurred?

10/01/2024Bluffton, SC 29910

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

Remarks: E0004A

| | | | | |
|-------------|--------------------|---------------------------------|----------------|-----------------|
| <u>4.24</u> | <u>Go-Store It</u> | Last 4 digits of account number | <u>1 0 9 5</u> | <u>\$291.80</u> |
|-------------|--------------------|---------------------------------|----------------|-----------------|

Nonpriority Creditor's Name

33 Parmenter Rd.

Number Street

When was the debt incurred?

10/01/2024Bluffton, SC 29910

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

Remarks: A0003

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | |
|------|---|---|-------------|
| 4.25 | Hilton Head Resort Nonpriority Creditor's Name Board of Directors | Last 4 digits of account number <u>1 3 0 5</u> | \$5,297.63 |
| | 663 William Hilton Pkwy Number Street Hilton Head, SC 29928-3506 | When was the debt incurred? <u>06/30/2023</u> | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>HOA fines</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.26 | Home Depot Commercial Nonpriority Creditor's Name Centralized bankruptcy | Last 4 digits of account number <u>2 8 0 8</u> | \$10,381.06 |
| | PO Box 790034 Number Street Saint Louis, MO 63179 | When was the debt incurred? | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | |
| | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | |
| | Is the claim subject to offset? | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.27 Home Depot Loan Last 4 digits of account number 6 7 1 9 \$2,672.38

Nonpriority Creditor's Name

P.O. Box 2730

Number Street

When was the debt incurred?

03/13/2018

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

4.28 Hughes Network Systems Last 4 digits of account number 2 9 3 6 \$0.00

Nonpriority Creditor's Name

PO Box 96874

Number Street

When was the debt incurred?

11/01/2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|------|--|---|-------------------------------------|-------------|
| 4.29 | JPMC Nonpriority Creditor's Name c/o National Bankruptcy Services, LLC | Last 4 digits of account number | <u>5</u> <u>6</u> <u>7</u> <u>1</u> | \$17,242.49 |
| | PO Box 9013 Number Street Addison, TX 75001 | When was the debt incurred? | <u>01/03/2024</u> | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| | Is the claim subject to offset? | | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |
| 4.30 | JPMorgan Chase Bank, N.A. Nonpriority Creditor's Name Robertson, Anschutz, Schneid, Crane | Last 4 digits of account number | <u>5</u> <u>0</u> <u>4</u> <u>2</u> | \$17,349.55 |
| | 6409 Congress Avenue Ste. 100 Number Street Boca Raton, FL 33487 | When was the debt incurred? | <u>03/22/2024</u> | |
| | City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | Type of NONPRIORITY unsecured claim: | | |
| | <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| | Is the claim subject to offset? | | | |
| | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.31 JPMorgan Chase Bank, N.A. Last 4 digits of account number 0 9 4 9 \$33,411.50

Nonpriority Creditor's Name

Robertson, Anschutz, Schneid, Crane

When was the debt incurred?

03/28/20246409 Congress Avenue 100

Number Street

Boca Raton, FL 33487

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

4.32 Kohls Last 4 digits of account number _____ \$1,405.66

Nonpriority Creditor's Name

PO Box 3043

When was the debt incurred?

Number Street

Milwaukee, WI 53201-3043

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.33 LVNV Funding, LLC Last 4 digits of account number 5 1 4 3 \$267.15

Nonpriority Creditor's Name

Resurgent Captial Services

When was the debt incurred?

10/09/2024PO Box 10587

Number Street

Greenville, SC 29603-0587

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Remarks: Uniform Claim ID: RSG-00248-804400462

4.34 LVNV Funding, LLC Last 4 digits of account number 6 9 7 8 \$801.28

Nonpriority Creditor's Name

Resurgent Captial Services

When was the debt incurred?

10/09/2024PO Box 10587

Number Street

Greenville, SC 29603-0587

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Remarks: Uniform Claim ID: RSG-00248-804407818

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|---|---|--|-------------|
| 4.35 | Medical University of South Carolina Nonpriority Creditor's Name 1 Poston Rd Ste 220 Number Street Charleston, SC 29407 City State ZIP Code | Last 4 digits of account number <u>7 2 7 5</u> | When was the debt incurred? <u>04/08/2025</u> | unknown |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Medical Bill</u></p> | | | | |
| <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> | | | | |
| <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | |
| 4.36 | NES Nonpriority Creditor's Name 2479 Edison Blvd Unit A Number Street Twinsburg, OH 44087 City State ZIP Code | Last 4 digits of account number <u>3 7 1 3</u> | When was the debt incurred? | \$10,323.49 |
| <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____</p> | | | | |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> | | | | |
| <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.37 NES

Nonpriority Creditor's Name

2479 Eddison Blvd Unit A

Number

Street

Last 4 digits of account number

3 4 0 3\$8,960.51

When was the debt incurred?

Twinsburg, OH 44087

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

4.38 Office Depot Commercial

Nonpriority Creditor's Name

PO Box 70612

Number

Street

Last 4 digits of account number

0 3 6 0\$1,889.18

When was the debt incurred?

Philadelphia, PA 19176-0612

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify _____

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.39 Ohio Turnpike Easy Pass

Nonpriority Creditor's Name

PO Box 94672

Number Street

Last 4 digits of account number unknownWhen was the debt incurred? Cleveland, OH 44101

City State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Tickets

Is the claim subject to offset?

No
 Yes

4.40 Pacer Service Center

Nonpriority Creditor's Name

PO Box 780549

Number Street

Last 4 digits of account number 3 3 6 3\$1,035.20When was the debt incurred? 03/10/2025

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Consumer Debt

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.41 Palmetto Electric Last 4 digits of account number 4 0 0 7 \$856.04

Nonpriority Creditor's Name

Attn: Michelle Tyler

When was the debt incurred?

01/27/2025111 Matthews Drive

Number Street

Hilton Head Island, SC 29926

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Remarks: Utility Services for 3218

4.42 Palmetto Electric Last 4 digits of account number 4 0 0 9 unknown

Nonpriority Creditor's Name

Attn: Michelle Tyler

When was the debt incurred?

02/10/2025111 Matthews Drive

Number Street

Hilton Head Island, SC 29926

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Remarks: Utility Service for 4408

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.43 Palmetto Electric

Last 4 digits of account number

4 0 0 8unknown

Nonpriority Creditor's Name

Attn: Michelle Tyler

When was the debt incurred?

02/20/2025111 Matthews Drive

Number Street

Hilton Head Island, SC 29926

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Remarks: Utiliy Service for 4405

4.44 Peoples Gas

Last 4 digits of account number

1 6 3 9\$860.53

Nonpriority Creditor's Name

PO Box 644760

When was the debt incurred?

04/23/2019

Number Street

Pittsburgh, PA 15264-4760

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Utilities

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.45 PODS

Nonpriority Creditor's Name

Legal Department**5585 Rio Vista Dr.**

Number Street

Clearwater, FL 33760

City State

ZIP Code

Last 4 digits of account number

4 6 1 4\$1,883.00

When was the debt incurred?

10/01/2024

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Storage Bill

Is the claim subject to offset?

No
 Yes

4.46 Quantum3 Group LLC

Nonpriority Creditor's Name

Agent for Crown Asset Management LLC**PO Box 788**

Number Street

Kirkland, WA 98083-0788

City State

ZIP Code

Last 4 digits of account number

7 0 0 2\$4,073.98

When was the debt incurred?

09/05/2023

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Remarks: Uniform Claim ID: Q2141424518

Debtor 1 Jacqueline Elizabeth Ard Case number (if known) 25-01384-JD
Debtor 2 Terry Frank Nicola
First Name Middle Name Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim

| | | | | |
|--|-----------------------------------|--|-------------------------------------|----------|
| 4.47 | Resurgent Receivables, LLC | Last 4 digits of account number | <u>7</u> <u>4</u> <u>7</u> <u>8</u> | \$485.80 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| Resurgent Capital Services | | <u>05/15/2024</u> | | |
| PO Box 10587 | | As of the date you file, the claim is: Check all that apply. | | |
| Number | Street | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| Greenville, SC 29603-0587 | | ZIP Code | | |
| Who incurred the debt? Check one. <p> <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt </p> | | | | |
| Type of NONPRIORITY unsecured claim: <p> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify Credit Card </p> | | | | |

Remarks: Uniform Claim ID: BSG-00248-804427110

| | | |
|---|--|----------------|
| <p>4.48</p> <p>SC Department of Motor Vehicles</p> <p>Nonpriority Creditor's Name</p> <p>PO Box 1498</p> <p>Number Street</p> <hr/> <p>Blythewood, SC 29016-0028</p> <p>City State ZIP Code</p> | <p>Last 4 digits of account number <u>7</u> <u>0</u> <u>2</u> <u>5</u></p> <p>When was the debt incurred? _____</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Who incurred the debt? Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Tickets</u></p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>unknown</p> |
|---|--|----------------|

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|------|--|---|-------------------------------------|------------|
| 4.49 | Synchrony Bank Nonpriority Creditor's Name | Last 4 digits of account number | <u>1</u> <u>3</u> <u>5</u> <u>4</u> | \$3,493.08 |
| | Paypal Credit | When was the debt incurred? | | |
| | PO Box 669809 Number Street | As of the date you file, the claim is: Check all that apply. | | |
| | Dallas, TX 75266 City State ZIP Code | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| | Who incurred the debt? Check one. | <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Type of NONPRIORITY unsecured claim: | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>_____</u> | | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |
| 4.50 | Synchrony Bank Sams Business Nonpriority Creditor's Name | Last 4 digits of account number | <u>5</u> <u>4</u> <u>8</u> <u>7</u> | \$6,016.04 |
| | PO Box 669809 Number Street | When was the debt incurred? | | |
| | Dallas, TX 75266 City State ZIP Code | As of the date you file, the claim is: Check all that apply. | | |
| | Who incurred the debt? Check one. | <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | |
| | Type of NONPRIORITY unsecured claim: | <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | |
| | Is the claim subject to offset? | <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|---|--|---|----------------|------------|
| 4.51 | Synchrony Bank Sams Master Card | Last 4 digits of account number | <u>7 8 2 2</u> | \$8,690.41 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| PO Box 669809 | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | | |
| Dallas, TX 75266 | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.52 | Synchrony Bank Score Rewards | Last 4 digits of account number | _____ | \$854.71 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| PO Box 669809 | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | | |
| Dallas, TX 75266 | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u> | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.53 TD Bank

Last 4 digits of account number

2 5 7 3unknown

Nonpriority Creditor's Name

When was the debt incurred?

PO Box 840

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Bank Account

Is the claim subject to offset?

No
 Yes

4.54 TD Bank

Last 4 digits of account number

3 4 7 7\$2,398.35

Nonpriority Creditor's Name

When was the debt incurred?

TargetPO Box 673

Number Street

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Credit Card

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|--|---|--|-------------|
| 4.55 | The Huntington National Bank Nonpriority Creditor's Name PO Box 89424 OPC856 Number Street Cleveland, OH 44101 City State ZIP Code | Last 4 digits of account number <u>3 0 5 8</u> | When was the debt incurred? <u>10/26/2023</u> | \$12,878.39 |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p> | | | | |
| 4.56 | The Huntington National Bank Nonpriority Creditor's Name PO Box 89424 OPC856 Number Street Cleveland, OH 44101 City State ZIP Code | Last 4 digits of account number <u>7 0 4 3</u> | When was the debt incurred? <u>07/24/2023</u> | \$14,395.02 |
| <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Credit Card</u></p> | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | |
|--|---|
| <p>4.57 <u>The Woodlands at Saint Barnabas, inc</u></p> <p>Nonpriority Creditor's Name <u>Thomas E. Breath</u></p> <p><u>128 West Cunningham St</u></p> <p>Number Street <u>Butler, PA 16001</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: Dillon, McCandless, King, Coulter & Graham, LLP</p> | <p>Last 4 digits of account number <u>1 0 1 8</u></p> <p>When was the debt incurred? <u>10/04/2024</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Rent</u></p> |
|--|---|

| | |
|---|---|
| <p>4.58 <u>Thomas and Claudia Crook</u></p> <p>Nonpriority Creditor's Name <u>Attn Braun Kendrick Finkbeiner, PLC</u></p> <p><u>4301 Fashion Square Blvd</u></p> <p>Number Street <u>Saginaw, MI 48603</u></p> <p>City State ZIP Code</p> <p>Who incurred the debt? Check one.</p> <p><input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> | <p>Last 4 digits of account number <u>_____</u></p> <p>When was the debt incurred? <u>_____</u></p> <p>As of the date you file, the claim is: Check all that apply.</p> <p><input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim:</p> <p><input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <u>Legal Dispute</u></p> |
|---|---|

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|-------------|-----------------|---------------------------------|----------------|-----------------|
| <u>4.59</u> | <u>T-Mobile</u> | Last 4 digits of account number | <u>6 2 3 7</u> | <u>\$956.78</u> |
|-------------|-----------------|---------------------------------|----------------|-----------------|

Nonpriority Creditor's Name

PO Box 742596

Number Street

Cincinnati, OH 45274-2596

City State ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Business Debt

Is the claim subject to offset?

No
 Yes

| | | | | |
|-------------|---------------------------|---------------------------------|--------------|----------------|
| <u>4.60</u> | <u>Traffic Magistrate</u> | Last 4 digits of account number | <u>—————</u> | <u>unknown</u> |
|-------------|---------------------------|---------------------------------|--------------|----------------|

Nonpriority Creditor's Name

4819 Bluffton Parkway

Number Street

Bluffton, SC 29910

City State ZIP Code

When was the debt incurred?

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Ticket

Is the claim subject to offset?

No
 Yes

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

| | | | | |
|--|--|--|-------------------------------------|-------------|
| 4.61 | U.S. Department of Education c/o Nelnet | Last 4 digits of account number | <u>3</u> <u>7</u> <u>4</u> <u>8</u> | \$76,223.69 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| 121 South 13th St | | | | |
| Number | Street | As of the date you file, the claim is: Check all that apply. | | |
| Lincoln, NE 68508 | | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input checked="" type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |
| 4.62 | Verizon | Last 4 digits of account number | <u>0</u> <u>0</u> <u>0</u> <u>1</u> | \$987.01 |
| Nonpriority Creditor's Name | | When was the debt incurred? | | |
| Wireless Bankruptcy Administration | | | | |
| 500 Technology Dr Ste. 500 | | As of the date you file, the claim is: Check all that apply. | | |
| Number | Street | <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed | | |
| Saint Charles, MO 63304 | | | | |
| City | State | ZIP Code | | |
| Who incurred the debt? Check one. | | | | |
| <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt | | | | |
| Type of NONPRIORITY unsecured claim: | | | | |
| <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify _____ | | | | |
| Is the claim subject to offset? | | | | |
| <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes | | | | |

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 2: Your NONPRIORITY Unsecured Claims – Continuation Page

After listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth.

Total claim

4.63 West Virginia EZ Pass

Nonpriority Creditor's Name

300 Spruce St.

Number Street

Last 4 digits of account number unknownWhen was the debt incurred? Morgantown, WV 26505

City

State

ZIP Code

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify Ticket

Is the claim subject to offset?

No
 Yes

4.64 Wright's Custom Body Shop LLC

Nonpriority Creditor's Name

1216 Leeson Ave

Number Street

Last 4 digits of account number 2 6 6 1unknownWhen was the debt incurred? 04/14/2023

As of the date you file, the claim is: Check all that apply.

Contingent
 Unliquidated
 Disputed

Who incurred the debt? Check one.

Debtor 1 only
 Debtor 2 only
 Debtor 1 and Debtor 2 only
 At least one of the debtors and another
 Check if this claim is for a community debt

Type of NONPRIORITY unsecured claim:

Student loans
 Obligations arising out of a separation agreement or divorce that you did not report as priority claims
 Debts to pension or profit-sharing plans, and other similar debts
 Other. Specify

Is the claim subject to offset?

No
 Yes

Remarks: Progressive Insurance Claim 23-7602661

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

1. Detroit Water and Sewerage Dept

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

Po Box 554899Line 2.6 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Detroit, MI 48255-4899

City State ZIP Code

2. Detroit Water and Sewerage Dept

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

Po Box 554899Line 2.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Detroit, MI 48255-4899

City State ZIP Code

3. ADT Security Services

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 650485Line 4.1 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Dallas, TX 75265-0485

City State ZIP Code

4. Portfolio Recovery

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 8828Line 4.2 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Wilmington, DE 19899

City State ZIP Code

5. Armstrong Cable

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

437 North Main StLine 4.5 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Butler, PA 16001

City State ZIP Code

6. Valor Intelligent Processing, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

12005 Ford Rd 700Line 4.7 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Number Street

Last 4 digits of account number _____

Dallas, TX 75234

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3:**List Others to Be Notified About a Debt That You Already Listed - Additional Page****7. AT&T**

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 5080

Number Street

Line 4.8 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Carol Stream, IL 60197-5014

City State ZIP Code

8. Americollect

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 2080

Number Street

Line 4.11 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Manitowoc, WI 54221-2080

City State ZIP Code

9. Penn Power

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 3687

Number Street

Line 4.18 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Akron, OH 44309-3687

City State ZIP Code

10. Fortiva

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

PO Box 650721

Number Street

Line 4.19 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dallas, TX 75265

City State ZIP Code

11. Go-Store it Management, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

6805 Carnegie Blvd. Ste 250

Number Street

Line 4.20 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28211-4276

City State ZIP Code

12. Go-Store it Management, LLC

On which entry in Part 1 or Part 2 did you list the original creditor?

Name

6805 Carnegie Blvd. Ste 250

Number Street

Line 4.21 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28211-4276

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**13. Go-Store it Management, LLC**

Name

6805 Carnegie Blvd. Ste 250

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.22 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28211-4276

City State ZIP Code

14. Go-Store it Management, LLC

Name

6805 Carnegie Blvd. Ste 250

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28211-4276

City State ZIP Code

15. Go-Store it Management, LLC

Name

6805 Carnegie Blvd. Ste 250

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.24 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28211-4276

City State ZIP Code

16. Wm Weston J Newton

Name

Jones, Simpson, & Newton, P.A.**7 Plantation Park Drive Ste 3**

Number Street

Bluffton, SC 29910

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

17. Home Depot Credit Services

Name

PO Box 790345

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.26 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Saint Louis, MO 63179-0345

City State ZIP Code

18. Home Depot Loan #3877

Name

6125 Lakeview Rd Ste. 800

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.27 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28269-2613

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**19. Hughes Network Systems**

Name

11717 Exploration Lane

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.28 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Germantown, MD 20876

City State ZIP Code

20. JPMorgan Chase Bank, N.A.

Name

PaymentsPO Box 15368

Number Street

Wilmington, DE 19850

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.29 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

21. Chipumoi, Nicolas

Name

6409 Congress Ave Ste 100

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.30 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Boca Raton, FL 33487-2853

City State ZIP Code

22. JPMorgan Chase Bank, N.A.

Name

PaymentsPO Box 15368

Number Street

Wilmington, DE 19850

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

23. Kohls Payment Center

Name

PO Box 1456

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.32 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28201-1456

City State ZIP Code

24. PNC Bank

Name

PO Box 609

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.36 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Pittsburgh, PA 15230-9738

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**25. PNC National Association**

Name

PO Box 5570

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.37 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Cleveland, OH 44101-0570

City State ZIP Code

26. Office Depot

Name

PO Box 78004

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.38 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Phoenix, AZ 85062

City State ZIP Code

27. US Courts; PACER

Name

PO Box 5208

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.40 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Portland, OR 97208

City State ZIP Code

28. Palmetto Electric Cooperative Inc

Name

PO Box 70878

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.41 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28272-0878

City State ZIP Code

29. Palmetto Electric Cooperative Inc

Name

PO Box 70878

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.42 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28272-0878

City State ZIP Code

30. Palmetto Electric Cooperative Inc

Name

PO Box 70878

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.43 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Charlotte, NC 28272-0878

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**31. National Recovery Agency**

Name

2491 Paxton St.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.44 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number 6 5 3 1**Harrisburg, PA 17111**

City State ZIP Code

32. PODS

Name

280 Leetsdale Industrial Dr. Ste 200

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Leetsdale, PA 15056**

City State ZIP Code

33. PODS Enterprises, LLC

Name

13535 Feather Sound Dr

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.45 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Clearwater, FL 33762**

City State ZIP Code

34. Quantum3 Group, LLC

Name

PO Box 2489

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.46 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Kirkland, WA 98083-2489**

City State ZIP Code

35. SC Driver Records

Name

PO Box 1498

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.48 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Blythewood, SC 29016**

City State ZIP Code

36. Target Card Services

Name

PO Box 660170

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.54 of (Check one): Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured ClaimsLast 4 digits of account number **Dallas, TX 75266-0170**

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**37. The Huntington National Bank**

Name

5555 Cleveland Ave GW4W122

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.55 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Columbus, OH 43231

City State ZIP Code

38. The Huntington National Bank

Name

5555 Cleveland Ave GW4W122

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.56 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Columbus, OH 43231

City State ZIP Code

39. St. Barnabas

Name

5850 Meridian Rd.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.57 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Gibsonia, PA 15044

City State ZIP Code

40. T-Mobile Customer Relations

Name

PO Box 37380

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.59 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Albuquerque, NM 87176-7380

City State ZIP Code

41. T-Mobile

Name

c/o American Infosource, LP**4515 N Santa Fe Ave.**

Number Street

Oklahoma City, OK 73118-7901

City State ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.59 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

42. US Department of Education

Name

PO Box 2837

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Portland, OR 97208

City State ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 3: List Others to Be Notified About a Debt That You Already Listed - Additional Page**43. University of Michigan Dearborn**

Name

4901 Evergreen Rd.

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.61 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Dearborn, MI 48128

City

State

ZIP Code

44. Verizon

Name

1095 Avenue of The Americas

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.62 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

New York, NY 10036

City

State

ZIP Code

45. Progressive Insurance

Name

30440 Lakeland Blvd

Number Street

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.64 of (Check one):

Part 1: Creditors with Priority Unsecured Claims
 Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number _____

Wickliffe, OH 44092

City

State

ZIP Code

Debtor 1

JacquelineElizabethArd

Debtor 2

TerryFrankNicola

First Name

Middle Name

Last Name

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159.
Add the amounts for each type of unsecured claim.

| | | Total claim |
|---------------------------------|---|--------------------------|
| Total claims from Part 1 | 6a. Domestic support obligations | \$0.00 |
| | 6b. Taxes and certain other debts you owe the government | \$0.00 |
| | 6c. Claims for death or personal injury while you were intoxicated | \$0.00 |
| | 6d. Other. Add all other priority unsecured claims. Write that amount here. | 6d. + \$22,051.73 |
| | 6e. Total. Add lines 6a through 6d. | \$22,051.73 |

| | | Total claim |
|---------------------------------|--|---------------------------|
| Total claims from Part 2 | 6f. Student loans | \$76,223.69 |
| | 6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims | \$0.00 |
| | 6h. Debts to pension or profit-sharing plans, and other similar debts | \$0.00 |
| | 6i. Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. + \$326,645.11 |
| | 6j. Total. Add lines 6f through 6i. | \$402,868.80 |

Fill in this information to identify your case:

| | | | |
|---|-------------------|------------------|---------------|
| Debtor 1 | Jacqueline | Elizabeth | Ard |
| | First Name | Middle Name | Last Name |
| Debtor 2 (Spouse, if filing) | Terry | Frank | Nicola |
| | First Name | Middle Name | Last Name |
| United States Bankruptcy Court for the: District of South Carolina | | | |
| Case number 25-01384-JD (if known) | | | |

Check if this is an amended filing

Official Form 106HSchedule H: Your Codebtors

12/15

Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)

No
 Yes

2. **Within the last 8 years, have you lived in a community property state or territory?** (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

No. Go to line 3.
 Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?

No
 Yes. In which community state or territory did you live? _____ Fill in the name and current address of that person.

Name of your spouse, former spouse, or legal equivalent

Number Street

City State ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2.**

Column 1: Your codebtor**Column 2: The creditor to whom you owe the debt**

Check all schedules that apply:

3.1 Global Management Group LLC

Name
21215 Dartmouth Dr
Number Street
Southfield, MI 48076-5634
City State ZIP Code

Schedule D, line _____
 Schedule E/F, line **4.30, 4.59, 4.64**
 Schedule G, line _____

3.2 Louis

Name
21215 Dartmouth Dr
Number Street
Southfield, MI 48076-5634
City State ZIP Code

Schedule D, line _____
 Schedule E/F, line **4.7, 4.8**
 Schedule G, line _____